




KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 12-131	PAGE NUMBER 1 of 7
		SUBJECT: SECURITY & CONTROL: Inmate Identification Processing	
Approved By:  Secretary of Corrections		Original Date Issued:	07-21-94
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		Replaces Amendment Issued:	08-29-05
Reissued By:  Policy & Procedure Coordinator		The substantive content of this IMPP has been reissued as per the appropriate provisions of IMPP 01-101. The only modifications within the reissue of this document concern technical revisions of a non substantive nature. Date Reissued:	
		02-22-11	

POLICY

Inmates admitted to the custody of the Department shall be fingerprinted and issued a standardized identification badge. The identification badge shall be affixed to the inmate's clothing and replaced or reissued on a periodic basis based upon need and security considerations. Identifying information shall be maintained on each inmate by departmental units and appropriately shared with other criminal justice agencies. (ACI 3-4099, 3-4272)

DEFINITIONS

Digital Image: Electronically produced bust view and side view pictures that are maintained on the Department's central computer system.

Inmate Identification Badge: A laminated, clip-on card containing an inmate's digital image, the inmate's name and KDOC number which shall be affixed to the inmate's clothing.

Official Photos: Photographs taken to satisfy some valid correctional purpose as defined by Departmental staff.

PROCEDURES

I. Fingerprinting (ACI 3-4272)

- A. All inmates shall be fingerprinted during the admission process. This process shall include the completion of 3 Federal Bureau of Investigation (FBI) Fingerprint Cards (Attachment A). One card to be maintained in the inmate's master file, the second and third cards to be sent to the Kansas Bureau of Investigation. All fingerprint cards shall have the following fields completed:

- 1. Juvenile Fingerprint - Submission box, if the offender is a juvenile, mark this box;

2. Juvenile Fingerprint - Treat as Adult box, if the offender is under the age of 18, this box should be marked;
3. Date of Arrest, the date shown here should reflect the date of the offender's admission to the facility;
4. ORI, this should be the identifying ORI number of the facility completing the fingerprint cards;
5. Contributor, the name of the facility completing the fingerprint cards;
6. Address, the address of the facility completing the fingerprint cards;
7. Reply Desired?, should be marked Yes so that an official rap sheet from the FBI will be forwarded to the facility completing the cards;
8. Send copy to, this field should be left blank;
9. Date of Offense, this field should contain the date of offense provided on the Journal Entry;
10. Place of Birth (State or Country), this field should be completed;
11. County of Citizenship, this field should be completed;
12. Miscellaneous Numbers, this field may be left blank;
13. Scars, Marks, Tattoos, and Amputations, this field should be completed;
14. Residence/Complete Address, this field should be left blank;
15. City, this is a continuation of the address and should be left blank;
16. State, this is a continuation of the address and should be left blank;
17. Official Taking Fingerprints, this must contain the legible name of the person taking the fingerprints;
18. Local Identification/Reference, this field should contain the offender's KDOC Number;
19. Photo Available, this box should be checked as there is a photo in the inmate file available upon request;
20. Palm prints taken? This box should be checked only when Departmental technology can provide this option;
21. Employer, this field should be left blank as the offender is no longer employed;
22. Occupation, this field should be left blank;
23. Charge/Citation, On the FBI card -these fields should list the 3 – 4 most serious offenses for which the offender was convicted. For the KBI card, you may attach an additional sheet listing any additional charges beyond those 4 for which a space is provided;
24. State Usage, this is for the KBI, please leave this field blank;

25. Last Name, First Name, Middle Name and Suffix. This field must be filled out Legibly;
 26. Signature of Person Fingerprinted, this field should contain the offender's signature;
 27. Social security no., this field should be completed;
 28. Aliases, Maiden, Last Name, First Name, Middle Name, Suffix, this field should be filled out;
 29. FBI No. leave this field blank even if you know the number;
 30. KBI No., leave this field blank even if you know the number;
 31. Date of Birth MM DD YY, this field should be completed using the format provided;
 32. Sex, this field should be completed;
 33. Height, this field should be completed;
 34. Weight, this field should be completed;
 35. Eyes, this field should be completed;
 36. Hair, this field should be completed; and,
 37. All fingerprint boxes should be completed taking care that the prints are classifiable.
- B. The two (2) completed FBI Fingerprint Cards shall be forwarded to the KBI Records section the same day as printed. (ACI 3-4099, 3-4272)

II. Inmate Digital Imaging

- A. The format for Inmate Digital Images shall be the same at all facilities.
1. Admission and Discharge personnel at the initial intake facility shall be responsible for capturing a digital/video image of each inmate.
 - a. The digital images captured by the initial intake facility shall be up loaded to the Department's central computer system, from where it may be accessed and utilized by the facilities to which the inmate may be subsequently assigned.
 - b. The admitting facility shall produce a laminated inmate badge using the bust view digital image.
 - (1) The laminated inmate badge is for inmate use in accordance with sections IV., V., and VI. of this IMPP.
 2. Inmate digital images shall be taken as the inmate normally appears, and: (ACI 3-4270)

- a. A digital image shall be taken of each inmate with the hair pulled back behind the head or cut to a length of one and one-half inches, at the inmate's option;
 - b. A digital image shall be taken of all male inmates with all facial hair removed; and,
 - c. This process shall consist of two separate digital images (before and after). If there is need to remove facial hair and/or adjust head hair, the inmate shall be given a direct order to remove facial and/or adjust head hair (otherwise there shall be one digital image).
 - (1) Refusal of removing facial hair and/or adjusting head hair shall be a violation of K.A.R. 44-12-304, constituting a Class I offense and the inmate shall be placed in Administrative Segregation as a security risk, per K.A.R. 44-14-302 (g).
 - (a) The required digital images shall be taken by use of force.
3. Under any of the following circumstances, inmate digital images shall be retaken and up-loaded to the Department's central computer system as previously described in Section II.A.1.a.
- a. Whenever the inmate's physical appearance changes significantly;
 - b. At least every three (3) years;
 - c. Prior to release from KDOC custody if not already taken within the last three months prior to release; and/or,
 - d. Whenever requested by the health authority.

III. Issuance and Appearance of Inmate Identification Badges

- A. The inmate identification badge shall be as specified in the KDOC "Picture Link Manual".
- B. There shall be no variation in the identification badge to differentiate facility, unit, custody restriction or other in-house designation on the badge itself. Color-coded clips may be used to differentiate housing unit, custody, etc., as determined necessary to meet the facility's needs.
- C. Alphanumeric codes, as required by IMPP 10-119, shall be incorporated within the manufacture of each individual badge to indicate any approved religious diet or special medical diet needs of the inmate.

IV. Issuance, Replacement & Reissuance of Inmate Identification Badges

- A. An identification badge shall be issued to each inmate and shall be transferred with the inmate throughout the KDOC system.
 - 1. Inmates transferred to a work release program shall be required to turn in the regular inmate identification badge at the receiving facility. Such inmates shall be issued a work release inmate identification badge.
- B. Inmate identification badges shall be replaced or reissued for the following reasons:

1. If the badge becomes worn or tattered through normal wear and tear;
 2. If the inmate's physical appearance changes significantly;
 3. If the badge is lost or destroyed;
 4. If there is a change in any approved religious diet or special medical diet needs of the inmate; or,
 5. Routinely every three [3] years if none of the above reasons occur.
- C. Identification badges shall be replaced at KDOC's cost if replaced because of wear and tear, change in physical appearance, or at the scheduled three (3) years.
- D. The cost of identification badges replaced due to loss or destruction by the inmate may be paid for by the inmate via the affected inmate's submission of an expenditure request to the facility business office for the replacement cost of their badge.
1. The expended monies are to be deducted from the inmate's trust fund account, and remitted to the facility's fee fund.
 2. In the event that the affected inmate indeed refuses to initiate an expenditure request, he or she shall be charged with a violation of K.A.R. 44-12-1002, and be assessed a fine if found guilty.
 3. Cost of the badge shall be determined by combining the cost of the badge media, laminate pouches, and badge clip. This composite cost will be determined by the Deputy Secretary of Facilities Management, and shall be as specified in the KDOC "Picture Link Manual".
 4. No inmate shall be held financially responsible for the replacement of badge that has become worn or tattered due to normal wear and tear.

V. Presentation of the Inmate Identification Badge

- A. Inmate identification badges shall always be worn with the photograph visible.
- B. Except as provided in Section V.B.1., below, inmate identification badges shall be worn and displayed at all times on the left breast pocket, or if there is no pocket, the left breast pocket area of the outer-most garment, with the following exceptions:
1. Any inmate who has a job assignment off of facility grounds which requires contact with the general public and/or whose job assignment off of facility grounds involves heavy physical labor which might cause the badge to be lost or damaged may be permitted to carry the identification badge on their person while off facility grounds and working with the permission of the detail supervisor.
 - a. It shall be within the discretion of the warden of the facility where the inmate is housed, and supervising staff of the agency where the inmate is placed in a job, to determine whether the inmate assigned to a job pursuant to IMPP 10-125 (Provisions for use of Offender Labor for Community Service Work) shall wear the identification badge, or whether the inmate shall carry the identification badge on them while off facility grounds and working.
 2. Work release inmates placed in independent work release centers shall not be required to display or wear identification badges either on the facility

grounds or outside the facility. Such inmates shall be required to carry identification badges on their person both while off and on facility grounds.

3. Inmates in a work release program, which is not at an independent work release center shall be required to wear identification badges while on facility grounds. These inmates shall not be required to wear identification badges while off facility grounds, but must have identification badges on their person while off facility grounds.

VI. Disposal of Inmate Identification Badges

- A. Upon an inmate's discharge from a Kansas correctional facility he/she shall, on the day of his/her departure, surrender the Identification Badge to the facility from which he/she is leaving.
 1. If the facility Records Office can verify that an inmate was committed and served his/her sentence under an alias, that information shall be provided to the Receiving and Discharge staff responsible for the inmate's out-processing.
 - a. Any such inmate, who does not have a driver's license in his/her possession at the time of release from the facility, shall *not* be allowed to retain the KDOC badge for use as identification in the community.
- B. Each facility shall establish procedures to transfer the Inmate Identification Badge to the receiving Parole Office. If the offender will not receive post-incarceration supervision, the Inmate Identification Badge shall be destroyed.
- C. The Inmate Identification Badge may be released with the inmate if needed for identification purposes, if the inmate requests to retain the badge, and providing that the name affixed to the inmate's badge is not an alias.
 1. Prior to allowing the inmate to depart the facility with the identification badge, the magnetic strip shall be disabled.

VII. Inmate Identification Equipment and Set-up

- A. All equipment utilized for inmate digital imaging and other processes for the development of inmate badges must be approved by the Deputy Secretary of Facility Management and the Information Resource Manager.
- B. All digital image backgrounds shall be prepared in compliance with the provisions of the KDOC "Picture Link Manual".
 1. Staff responsible for the equipment utilized for digital imaging and processing the badges shall ensure that the backgrounds are well lighted to ensure the visual quality of the image.
- C. Facilities shall either be equipped with a digital image capture station or a video camera. Facilities with digital image capture stations shall have the ability to take digital images and to produce inmate badges. Facilities with video cameras shall only have the ability to take inmate digital images. Once the images are taken, the video tape must be sent to a facility having a digital imaging capture station for producing inmate badges.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are

not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED


None.

REFERENCES

K.A.R. 44-12-1002, 44-12-304, 44-12-1303, 44-12-1306, 44-14-302(g)
IMPP 10-125
ACI 3-4099, 3-4270, 3-4272

ATTACHMENTS

Attachment A –FBI Fingerprint Card, - 2 pages

FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C. 20537				
<small>PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.</small>				
JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input type="checkbox"/>		DATE OF ARREST MM DD YY	ORI CONTRIBUTOR ADDRESS REPLY DESIRED? YES <input type="checkbox"/>	
SEND COPY TO: (ENTER ORI)		DATE OF OFFENSE MM DD YY	PLACE OF BIRTH (STATE OR COUNTRY)	COUNTRY OF CITIZENSHIP
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS		
		RESIDENCE/COMPLETE ADDRESS		CITY STATE
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)		LOCAL IDENTIFICATION/REFERENCE		PHOTO AVAILABLE? YES <input type="checkbox"/> PALM PRINTS TAKEN? YES <input type="checkbox"/>
EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.			OCCUPATION	
CHARGE/CITATION 1.			DISPOSITION 1.	
2.			2.	
3.			3.	
ADDITIONAL			ADDITIONAL	
ADDITIONAL INFORMATION/BASIS FOR CAUTION			STATE BUREAU STAMP	

		(STAPLE HERE)				LEAVE BLANK					
		STATE USAGE NFF SECOND <input type="checkbox"/>				<input type="checkbox"/>					
		SUBMISSION				APPROXIMATE CLASS		AMPUTATION		SCAR	
STATE USAGE		LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX									
SIGNATURE OF PERSON FINGERPRINTED		SOCIAL SECURITY NO.				LEAVE BLANK					
ALIASES/MAIDEN LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX											
FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH	MM	DD	YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING				5. R. LITTLE				
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING				10. L. LITTLE				
		L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					